Opsumit® REMS Inpatient Pharmacy Enrollment Form

Complete and fax this form to Actelion Pathways® at 1-866-279-0669.

You can also reach Actelion Pathways via phone at 1-866-ACTELION (1-866-228-3546)



HO2201512

Due to the risk of teratogenicity for female patients, Opsumit is available only through a restricted program called the Opsumit REMS (Risk Evaluation and Mitigation Strategy) Program. In order for inpatients to receive Opsumit, females, as well as inpatient pharmacies that wish to stock this product, must enroll in the Opsumit REMS Program and agree to comply with the requirements of the program. An Authorized Representative must complete and submit this form on behalf of the inpatient pharmacy.

Inpatient pharmacy information (please print)				
lame]Hospital ☐ Nursing home ☐ Hospice ☐ Asylum/Mental facilit	ty Assisted Living Prison Rehabilitation			
Other (please specify):				
dentification (please complete one of the following):				
Health Industry Number (HIN #)	National Provider Identifier (NPI #)			
Other identifier:				
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Phone #	Fax#			
Phone # Authorized Representative information (please print)	Fax#			
	Fax# Title:			
Authorized Representative information (please print)	Fax#			
	Fax # Title: Hospital pharmacist Head of Pharmacy and Therapeutics (P&T) committee			
Authorized Representative information (please print)	Fax # Title: Hospital pharmacist Head of Pharmacy and Therapeutics (P&T) committee			
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Authorized Representative information (please print) Jame Authorized Representative phone # Authorized Representative email Authorized Representative consent This inpatient pharmacy will:	Title: Hospital pharmacist Head of Pharmacy and Therapeutics (P&T) committee Other title: Fax #			
Authorized Representative information (please print) Jame Authorized Representative phone # Authorized Representative email Authorized Representative consent This inpatient pharmacy will: Put processes and procedures in place to ensure the Open	Fax # Title: Hospital pharmacist Head of Pharmacy and Therapeutics (P&T) committee Other title: Fax #			

- Dispense to a female patient only after she has been enrolled in the Opsumit REMS Program or if she will be enrolled prior to discharge from
 this healthcare facility. A female who has not been enrolled by the certified prescriber will not have access to Opsumit in the outpatient setting
 until such time that registration has been completed
- Dispense no more than a fifteen- (15-) day temporary supply of Opsumit upon discharge of any patient
- Notify Actelion Pharmaceuticals US, Inc. ("Actelion") or FDA if any patient becomes pregnant during Opsumit treatment
- Not transfer Opsumit to any pharmacy, practitioner, or any healthcare setting not certified by Actelion Pathways
- Develop a process to track compliance with the conditions above and provide information about its compliance to Actelion

I attest that I have read the Opsumit Prescribing Information, Medication Guide, and Prescriber and Pharmacy Guide for the Opsumit REMS Program available at www.OpsumitREMS.com.

I will ensure training of dispensing staff on the Opsumit REMS Program procedures and materials, including the *Prescriber and Pharmacy Guide for the Opsumit REMS Program* prior to dispensing Opsumit.

I agree that this pharmacy may be audited by the FDA, Actelion, or a designated third-party.

Note: If your inpatient pharmacy needs Opsumit and is not enrolled in the Opsumit REMS Program, contact *Actelion Pathways* at 1-866-228-3546 for assistance in obtaining a 15-day supply of Opsumit for a specific inpatient while initiating enrollment.

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Signature							Date	